

**DEPARTMENT OF PERSONNEL ADMINISTRATION
BENEFITS DIVISION**

Dental and Vision Plan Premiums Effective January 1, 2009

<u>Carrier/Address</u>	<u>Group Number</u>	<u>Deduction Codes</u>	<u>1 Party</u>	<u>Monthly Premium 2 Party</u>	<u>3 Party</u>
<u>State-Sponsored Dental Plans</u>					
Delta Dental	9949-Excluded (DeltaPremier)	351-008	\$50.06	\$100.08	\$141.22
P.O. Box 429086	9949-Rank and File (DeltaPremier)	351-007	\$48.07*	\$85.12*	\$123.75*
San Francisco, CA 94142	9946-Excluded and Rank and File (PPO)	351-018	\$40.87**	\$80.65**	\$121.98**
1-800-225-3368					
SafeGuard	SOC Standard Plan	351-016	\$15.87	\$25.70	\$36.00
95 Enterprise	SOC Enhanced Plan	351-015	\$15.52	\$26.27	\$32.36
Aliso Viejo, CA 92656					
1-800-880-1800	Parent Group. Number 156777				
DeltaCare USA	2003	351-009	\$17.35	\$28.47	\$39.38
12898 Towne Center Drive					
Cerritos, CA 90703					
1-800-422-4234					
<u>Union Sponsored Dental Plans</u>					
CAHP/Blue Cross (R05)	336817-A	351-013	\$45.65***	\$80.64***	\$118.01***
CCPOA/Primary Dental (R06)	Fee-For-Service	351-006	\$95.93****	\$95.93****	\$95.93****
CCPOA/Western Dental (R06)	Prepaid	351-249	\$95.93****	\$95.93****	\$95.93****
<u>State-Sponsored Vision Plan</u>					
Vision Service Plan	12020000	475-001-Non CoBen	\$9.19	\$9.19	\$9.19
3333 Quality Drive		475-002-CoBen	\$9.19	\$9.19	\$9.19
Rancho Cordova, CA 95670					
1-800-877-7195					

* Employee Share: 1 party - \$12.02 / 2 party - \$21.28 / 3 or more party - \$30.94

** Employee Share: 1 party - \$10.22 / 2 party - \$20.16 / 3 or more party - \$30.50

*** CAHP Employee Share (w/subsidy): 1 party - \$9.60 / 2 party - \$16.80 / 3 or more party - \$25.20

**** CCPOA Employee Share \$51.60

(RO5 Employees' share for the DeltaPremier Plan is \$17.02/\$30.28/\$42.94 and \$15.22/\$29.16/\$42.50 for the PPO plan).

(Under CoBen the total premium is deducted from the benefit allowance).

(The dental/vision premiums above do not include the administrative fee of \$1.69/mo.).